



Lansing Central School District

284 Ridge Road
Lansing, NY 14882
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Elementary School Principal
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Lansing, NY 14882
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Mr. Glenn Fenner

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District Office
284 Ridge Road
Lansing, NY 14882
607-533-4766

Mr. Roger Dedrick

Transportation Supervisor
322 Ridge Road
Lansing, NY 14882
607-533-4608

January 21, 2020

Via Email and Hand Delivery

Re: Proposed Legislation Regarding Immunization Requirements

Dear [REDACTED]

I am writing in response to the medical exemption request you made to the Lansing Central School District on behalf of your children. The request asked that your children be exempt from the New York State immunization requirements for students attending school. Under New York Public Health Law § 2164 and its implementing regulations, a principal or person in charge of a school may require additional information supporting a medical exemption.

Upon receipt of your medical exemption request, the Building Principals reviewed the request, consulted with our medical team, and determined it would be helpful to have the request reviewed and analyzed by another entity specializing in medicine and immunizations. In the time since, we have forwarded the submitted information to the New York State Department of Health. The School District has received a recommendation from the New York State Department of Health to deny the medical exemption request for your children. The Building Principals has reviewed the recommendation and made an independent decision to deny the medical exemption to immunizations for your children.

As a result, your children are now out of compliance with New York State Public Health Law § 2164 and will be excluded from school effective immediately (January 27, 2020) until and unless the School District receives documentation indicating your children are in compliance with the law.

If a parent or person in parental relation can demonstrate their child is "in process", then the child may attend school during the immunization process. One such way is by demonstrating the child has received at least the first dose in each required immunization series, and has age appropriate appointments scheduled to complete the immunization series, then the child may attend school during the immunization process. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) created the Recommended Immunization Schedules by which schools are to evaluate whether a student has age appropriate appointments scheduled. The schedule is located online at

<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>.

In order for your children to attend school in the School District, you must present a certificate of immunization from a health practitioner who administered all necessary immunizations, or other evidence that your children are in process. Alternatively, you must present a certificate demonstrating the completion of the overdue dose in each immunization series along with evidence of age appropriate appointments for all future required doses in accordance with the ACIP schedule.

Immunizations may be administered by your children's pediatrician or by any health practitioner. Your children may also be immunized without charge by the health office in the county in which he resides. In Tompkins County, immunizations may be obtained at the following provider:

Tompkins County Health Department

Address: TCHD 55 Brown Road Ithaca, New York 14850

Telephone: (607) 274-6604

Website: <http://tompkinscountyny.gov/health/dch/immunizations>

Please note that while I deeply empathize with you, I am under obligation to follow NYS law. Sandy Koch can assist you if you choose to administer necessary immunizations. If you have any questions about outside educational opportunities, I am happy to discuss with you. Please feel free to contact me with any questions.

I have attached the recommendation from NYS Department of Health for your information and review.

Very truly yours,

A handwritten signature in blue ink, appearing to read 'CPA', with a long horizontal flourish extending to the right.

Chris Pettograsso Superintendent of Schools

cc: School Nurse
Building Principal



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 5, 2019

Sandy Koch, RN, BSN
Lansing Central School District
284 Ridge Road
Lansing, NY 14882

Re: Medical Exemption Request – Student #1

Dear Ms. Koch:

I have reviewed the documentation submitted by Christopher R. Scianna, D.O., with regard to the medical exemption request for the student with the date of birth of [REDACTED]. The medical exemption form requested exemptions to Haemophilus influenzae type b (Hib), polio, hepatitis B, Tdap, Td, MMR, varicella, pneumococcal conjugate and meningococcal vaccines. The medical exemption form was accompanied by documentation indicating a personal history of multiple food, environmental and drug allergies including erythromycin, amoxicillin and blue dye and a history of adenotonsillectomy at age 4 years; a family history of cancer, heart disease, hydronephrosis, febrile seizures, hearing deficits, food allergies including gluten and severe adverse reactions to vaccines among several family members resulting in compensation from the Vaccine Injury Compensation Program. Additionally, the letter indicated that this child has variations in several SNPs.

There are several points that can be made about this exemption request:

1. This student in grade 6 is required to receive polio, hepatitis B, Tdap, Td, MMR and varicella vaccines unless he or she has a valid medical exemption. Neither Hib, pneumococcal nor meningococcal vaccines are required for grade 6.
2. From the late 1940s through the 1990s, a combined diphtheria, tetanus and whole-cell pertussis (DTP or DPT) vaccine was recommended for infants and young children in the United States (U.S.). Because of safety concerns about the whole-cell pertussis component of the DTP vaccine, the DTP vaccine was replaced by an acellular pertussis (DTaP) vaccine in the 1990s. DTP vaccine has not been used in the U.S. since 1997. The Tdap vaccine for people aged 7 years or older contains lower doses of diphtheria toxoid and of acellular pertussis than the DTaP vaccine. Tdap vaccine safety was studied during pre-licensure clinical trials and continues to be monitored through post-licensure studies. Extensive safety monitoring over the last 14 years has provided reassuring data that support the safety of Tdap vaccine and have not demonstrated increased risks for neurologic or allergic reactions nor increases in new chronic illnesses following Tdap vaccination.
3. The ACIP *General Best Practice Guidelines for Immunization: Contraindications and Precautions* state that family history of an adverse event after DTP or DTaP administration is not a contraindication or precaution to receipt of Tdap vaccine. Additionally, a family history of an adverse reaction to DTP or DTaP vaccines is not a recognized contraindication to receipt of polio, hepatitis B, MMR or varicella vaccines.

4. Persons with a severe allergic reaction to a vaccine component are contraindicated to receiving vaccines which contain those components. However, neither erythromycin, amoxicillin or blue dye are vaccine ingredients in polio, hepatitis B, Tdap, Td, MMR or varicella vaccines, and therefore these documented allergies are not contraindications to any of these vaccines.
5. The letter stated that the student has multiple other allergies. If the child has allergies to any vaccines or vaccine components, then the allergens and details of the allergic reactions should be specified as they might constitute a contraindication or precaution to vaccines containing those allergens.
6. A family history of seizures is a precaution for combined MMRV vaccination due to an increased risk for febrile seizures in children aged 12-23 months who receive MMRV compared with separate MMR and varicella vaccines. However, MMR and varicella vaccines are not contraindicated when given as separate vaccines.
7. Neither a past history of adenotonsillectomy nor a family history of cancer, heart disease, hydronephrosis, hearing deficits and food allergies is a recognized contraindication to polio, hepatitis B, Tdap, Td, MMR or varicella vaccines.
8. There is not sufficient information included regarding the genetic testing performed to conclude that vaccines required for school attendance would be contraindicated in a child with variations in the reported SNPs. The specific source of the genetic tests, the results of these tests, and review and recommendations of this child's genetic findings by a medical genetics specialist would be needed to determine if these results preclude this student from being vaccinated.

While I empathize with the family for their loss, the information provided does not support that immunizing this child with polio, hepatitis B, Tdap, Td, MMR or varicella vaccines may be detrimental to this child's health. In contrast, lack of vaccination places this child at increased medical risk for multiple vaccine preventable diseases and associated complications from these diseases should he or she become exposed to them in school or another setting. After evaluating the materials submitted for my review, I find that the risks of not vaccinating this child outweigh the available evidence of potential risks from vaccination. Therefore, **I recommend against accepting this medical exemption.** If additional documentation should become available, please forward for my review.

If this child's healthcare provider has questions about the safety of vaccines in this child, then they can contact the CDC's Clinical Immunization Safety Assessment (CISA) project at CISAEval@cdc.gov to request a case evaluation. This service is provided free of charge. Additional information regarding CISA evaluations is available on the CDC's website at <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/evaluation.html>. CISA evaluations might require up to three months. As such, if CISA agrees to evaluate the case then I would recommend a temporary medical exemption while the evaluation is underway and re-assessment of the medical exemption following conclusion of the evaluation.

For more information on contraindication and precautions to vaccination please see the ACIP's *General Best Practice Guidelines for Immunization: Contraindications and Precautions* online at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

Lastly, it should be noted that in making a determination on a medical exemption request, the school should seek the appropriate medical consultation (e.g., the school's medical director). The school may also request, as it has here, a recommendation from the New York State Department of Health (NYSDOH). However, after the appropriate consultation has occurred, "the principal or person in charge of a school" is responsible for making the final determination.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Rausch-Phung", with a long horizontal flourish extending to the right.

Elizabeth Rausch-Phung, M.D., M.P.H
Director, Bureau of Immunization



Department of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 5, 2019

Sandy Koch, RN, BSN
Lansing Central School District
284 Ridge Road
Lansing, NY 14882

Re: Medical Exemption Request – Student #2

Dear Ms. Koch:

I have reviewed the documentation submitted by Christopher R. Scianna, D.O., with regard to the medical exemption request for the student with the date of birth of [REDACTED]. The medical exemption form requested exemptions to Haemophilus influenzae type b (Hib), polio, hepatitis B, Tdap, Td, MMR, varicella, pneumococcal conjugate and meningococcal vaccines. The medical exemption form was accompanied by documentation indicating a personal history of severe unilateral hydronephrosis which resolved by two or three years of age and a history of febrile seizures caused by urinary tract infections; a family history of cancer, heart disease, febrile seizures, hearing deficits, environmental, drug and food allergies including gluten and severe adverse reactions to vaccines among several family members resulting in compensation from the Vaccine Injury Compensation Program. Additionally, the letter indicated that this child has variations in several SNPs.

There are several points that can be made about this exemption request:

1. This student in grade 4 is required to receive polio, hepatitis B, Tdap, Td, MMR and varicella vaccines unless he or she has a valid medical exemption. Neither Hib, pneumococcal nor meningococcal vaccines are required for grade 4.
2. From the late 1940s through the 1990s, a combined diphtheria, tetanus and whole-cell pertussis (DTP or DPT) vaccine was recommended for infants and young children in the United States (U.S.). Because of safety concerns about the whole-cell pertussis component of the DTP vaccine, the DTP vaccine was replaced by an acellular pertussis (DTaP) vaccine in the 1990s. DTP vaccine has not been used in the U.S. since 1997. The Tdap vaccine for people aged 7 years or older contains lower doses of diphtheria toxoid and of acellular pertussis than the DTaP vaccine. Tdap vaccine safety was studied during pre-licensure clinical trials and continues to be monitored through post-licensure studies. Extensive safety monitoring over the last 14 years has provided reassuring data that support the safety of Tdap vaccine and have not demonstrated increased risks for neurologic or allergic reactions nor increases in new chronic illnesses following Tdap vaccination.
3. The CDC's Advisory Committee on Immunization Practices (ACIP) *General Best Practice Guidelines for Immunization: Contraindications and Precautions* state that family history of an adverse event after DTP or DTaP administration is not a contraindication or precaution to receipt of Tdap vaccine. Additionally, a family history of an adverse reaction to DTP or DTaP vaccines is not a recognized contraindication to receipt of polio, hepatitis B, MMR or varicella vaccines.

4. Although a current history of uncontrolled epilepsy is a precaution to Tdap vaccine, a past history of febrile seizures is neither a contraindication nor precaution to Tdap vaccine or other vaccines. Likewise, a personal or family history of seizures is a precaution for combined MMRV vaccination due to an increased risk for febrile seizures in children aged 12-23 months who receive MMRV compared with separate MMR and varicella vaccines. However, MMR and varicella vaccines are not contraindicated when given as separate vaccines.
5. Neither a past history of resolved hydronephrosis nor a family history of cancer, heart disease, hearing deficits or allergies is a recognized contraindication to polio, hepatitis B, Tdap, Td, MMR or varicella vaccines.
6. There is not sufficient information included regarding the genetic testing performed to conclude that vaccines required for school attendance would be contraindicated in a child with variations in the reported SNPs. The specific source of the genetic tests, the results of these tests, and review and recommendations of this child's genetic findings by a medical genetics specialist would be needed to determine if these results preclude this student from being vaccinated.

While I empathize with the family for their loss, the information provided does not support that immunizing this child with polio, hepatitis B, Tdap, Td, MMR or varicella vaccines may be detrimental to this child's health. In contrast, lack of vaccination places this child at increased medical risk for multiple vaccine preventable diseases and associated complications from these diseases should he or she become exposed to them in school or another setting. After evaluating the materials submitted for my review, I find that the risks of not vaccinating this child outweigh the available evidence of potential risks from vaccination. Therefore, **I recommend against accepting this medical exemption.** If additional documentation should become available, please forward for my review.

If this child's healthcare provider has questions about the safety of vaccines in this child, then they can contact the CDC's Clinical Immunization Safety Assessment (CISA) project at CISAeval@cdc.gov to request a case evaluation. This service is provided free of charge. Additional information regarding CISA evaluations is available on the CDC's website at <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/cisa/evaluation.html>. CISA evaluations might require up to three months. As such, if CISA agrees to evaluate the case then I would recommend a temporary medical exemption while the evaluation is underway and re-assessment of the medical exemption following conclusion of the evaluation.

For more information on contraindication and precautions to vaccination please see the ACIP's *General Best Practice Guidelines for Immunization: Contraindications and Precautions* online at <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

Lastly, it should be noted that in making a determination on a medical exemption request, the school should seek the appropriate medical consultation (e.g., the school's medical director). The school may also request, as it has here, a recommendation from the New York State Department of Health (NYSDOH). However, after the appropriate consultation has occurred, "the principal or person in charge of a school" is responsible for making the final determination.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Rausch-Phung", with a long horizontal flourish extending to the right.

Elizabeth Rausch-Phung, M.D., M.P.H
Director, Bureau of Immunization